



**COOK COUNTY BUREAU OF HUMAN RESOURCES
DISCIPLINARY ACTION FORM**

This form must be completed for all disciplinary action other than oral reprimands. Attach a copy of ALL related documents, including the Notice of Pre-Disciplinary Hearing. Print clearly.

Employee's Name: _____

Department: _____

Employee's Job Title: _____ Position ID: _____

Employee's Collective Bargaining Representative: _____

Supervisor's Name: _____

Department Head's Name: _____

Date of Pre-Disciplinary Hearing: _____

Discipline Imposed:

Written Reprimand _____ Suspension _____ Termination _____

Effective Date: _____

SUPERVISOR AND DEPARTMENT HEAD CERTIFICATION

I hereby certify that the above Disciplinary Action is not based on any Political Reasons or Factors and is in compliance with the Disciplinary Action Policy and Employment Plan.

With respect to all County jobs under the jurisdiction of the Cook County Board President that are not exempt under Shakman, I certify that I am aware that I am strictly prohibited from conditioning, basing or knowingly prejudicing or affecting any term or aspect of County employment of hiring upon or because of any political reason or factor or knowingly inducing, aiding abetting, participating in, cooperating with or threatening any act which is proscribed above. I certify, under penalty of perjury, as provided by the law that to the best of my knowledge, Political Reasons or Factors did not enter into any County Employment Actions taken with respect to the above Disciplinary Action. I understand that failure to comply with the above prohibitions may result in sanctions, including disciplinary action up to and including termination and may subject me to criminal prosecution.

Supervisor Name: _____ Signature: _____

Title: _____ Date: _____

Department Head Name: _____ Signature: _____

Title: _____ Date: _____

ACKNOWLEDGEMENT OF RECEIPT

Employee Signature: _____ Date: _____